



## NEVADA STATE BOARD OF MEDICAL EXAMINERS

# NEWSLETTER

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**CHARLES N. HELD, M.D.**

**JEAN STOESS, M.A.**

**CINDY LAMERSON, M.D.**

**VOLUME 31**

**SUMMER 2005**

## Newest Board Members

Charles N. Held, M.D. was appointed to the Nevada State Board of Medical Examiners on April 1, 2004. He holds a medical degree from the University of Missouri, Columbia. He practiced Pulmonary Medicine in Reno for 21 years and currently practices Pulmonary Medicine and Sleep Medicine in Gardnerville. Dr. Held has been on staff and served on committees in various northern Nevada hospitals. He currently serves as a member of one of the Board's two Investigative Committees, and has served on the Board's License Application and Malpractice Review Committee.

Jean Stoess, M.A. is a public member of the Board, appointed to the Board on July 1, 2004. Ms. Stoess holds an M.A. from the University of Nevada, Reno, and has a background in Public Policy. She has served on the Washoe County Board of Commissioners, the Regional Transportation Commission, the Washoe County Airport Authority and the Tahoe Regional Planning Agency. Ms. Stoess currently serves as Chair of the Board's Public Relations Committee and as a member of the Board's License Application and Malpractice Review Committee and Internal Affairs Committee.

Cindy Lamerson, M.D. was appointed to the Board on December 7, 2004. She holds a medical degree from the Medical College of Virginia. Dr. Lamerson has practiced Dermatology in Reno for six years and has been an Assistant Clinical Professor at the University of Nevada School of Medicine in Reno for the past six years. Dr. Lamerson currently serves as a member of one of the Board's two Investigative Committees, and has served on the Board's License Application and Malpractice Review Committee.

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# From the Executive Secretary/Special Counsel

by Drennan A. Clark, J.D.

We just concluded another legislative session in Carson City. The Board had a bill, introduced by Dr. Garn Mabey, M.D., an Assemblyman from Las Vegas, which sets forth the few priorities of the Board. It is AB 555, and addresses mostly clean-up matters from the last legislative session. It has passed.

AB 208 was introduced by Assemblyman Horne of Las Vegas, requiring fingerprinting and criminal background investigations of all physician applicants for licensure, and of all licensed physicians. It mandates revocation of licensure if the criminal background investigation comes back with a report of a felony conviction. The Board opposed the fingerprinting of all practicing physicians and settled on an agreement for fingerprinting and a criminal background investigation on new applicants. Neither the State Bar of Nevada, nor the Nursing Board, both of whom conduct fingerprinting and criminal background investigations for new applicants, have expanded this requirement to include all existing licensees. The state of Oregon is proposing similar legislation, but limited to new applicants and any existing licensee who is under investigation by the Board. Twenty-one states currently have adopted such legislation, with thirteen of those requiring both state and federal investigations, and eight limiting the inquiries to state background investigations only. Not all of the twenty-one

states actively use or enforce the legislation for background investigations. AB 208 was amended in the Senate to limit criminal background investigations to new applicants and those licensees against whom a formal complaint is filed by the Board. It provides the Board discretion in dealing with licensees where a report is returned with a felony history. This bill has passed.

As of June 21, 2005, the Board has received 4,594 licensure renewals from physicians and physician assistants and 268 requests for non-renewal. Also, from January 1 to June 21, 2005, the Board has licensed 177 new physicians, 18 new physician assistants, 52 new practitioners of respiratory care and 12 new special purpose physician licenses.

The Board has a new General Counsel. She is Bonnie S. Brand, J.D. Bonnie comes to the Board staff from the Attorney General's Office, where she was a longtime Deputy Attorney General in the Human Resources Division. She also has prosecutorial experience, private practice experience, and prior Board experience, having been a public member of the State Cosmetology Board. The Board is very pleased and fortunate to have her on staff.

## REMINDER

All physician licensees are required by Nevada law (NRS 630.3068) to report any malpractice action filed against the licensee within 45 days of service of process, and to further report any malpractice claim submitted to mediation or arbitration not later than 45 days of the submission to mediation or arbitration. Additionally, licensees must report to the Board any settlement, award, judgment or other disposition or any action or claim for malpractice not later than 45 days after the settlement, award, judgment or other disposition, and must report to the Board any sanctions imposed against the physician licensee which are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

Physician licensees must self-report these matters to the Board. They cannot rely on reports to the Board by insurance companies, hospitals or clinics.

Failure to make the required reports will result in discipline and fines.

# NEWS BRIEFS

## Applicants Must Be Fingerprinted

The Nevada Legislature, at its recently concluded session, passed a new law requiring that all applicants for medical licensure submit a set of fingerprints and agree to a criminal background investigation by the Nevada Division of Investigation and the FBI. This procedure will not increase the length of time involved in applying for licensure, but it will increase the costs. Should any felony convictions be discovered, they will be addressed by the Board.

## Disciplinary Process Requires Criminal Check

The Nevada Legislature, at its recently concluded session, passed a new law requiring that the Board obtain a set of fingerprints and a criminal background investigation for any licensee against whom a formal disciplinary complaint has been filed. In the event any felony convictions are discovered, they will be addressed by the Board.

## DEA Certificate Revised

The Drug Enforcement Administration's (DEA) Office of Diversion Control has changed the style and appearance of the DEA Controlled Substance Certificate. As of October 1, 2004, the revised Certificate of Registration consists of two parts: one that can be displayed on the wall and a wallet-sized version. The certificate will have an imbedded watermark logo, which will provide authentication of the certificate and also deter counterfeiting.

Registrants that are currently allowed to renew their DEA registration via the Diversion Control Program's website may print their Certificate of Registration upon completion of the registration renewal process as long as no changes have been made to their registration since their last renewal. The Diversion Control's website may be accessed at [DEAdiversion.usdoj.gov](http://DEAdiversion.usdoj.gov). The DEA will continue to send Certificates of Registration via the U.S. Postal Service to all new registrants and all other DEA registrants renewing their DEA registration.

# A Word from the Physician Assistant Advisory Committee of the Board

by John B. Lanzillotta, PA-C, Physician Assistant Advisor

At the March 4, 2005 NSBME meeting, a new PA advisor was approved by the Board. Janet Wheble PA-C, who has been practicing in Nevada for 18 years, fills the position of Nancy Munoz, who departs after serving for 6 years on the Advisory Committee. Janet has been a leader in the Nevada Academy and represented Nevada PAs as a legislative coordinator in guiding important legislation affecting our practice. She is currently practicing in Las Vegas as a hospitalist in acute care and long-term care settings.

## Legislative Update:

On 4-11-05, members of the PA Advisory Committee attended a videoconference Senate Commerce and Labor Subcommittee meeting from Carson City at the Grant Sawyer Office building in Las Vegas. On the agenda was Assembly Bill 555, which in summary makes various changes to provisions governing medical professions. Of interest to Nevada PAs was the introduction of an amendment or addition to NRS 440.415, which currently allows registered nurses to pronounce patients dead if authorized by a physician. The addition includes language adding licensed physician assistants, as more PAs are working in situations involving end-of-life care and hospice. The death of a patient is often unpredictable and can be complicated for caretakers and family. At times, it is difficult for the physician to be on the premises to pronounce death. The delay of pronouncement can be trying and problematic for the family and facility providing care. PAs working in hospice and nursing home care, as delegates of their supervising physicians, are able to diagnose, treat and establish patient-provider relationships with their patients. However, PAs currently cannot pronounce death if a patient they have been treating expires. The current language of 440.415, Section 1, reads: "A physician who anticipates the

death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or the registered nurses employed by a medical facility to make a pronouncement of death if they attend the death of a patient." The proposed change to this statute, supported by the NSBME in their legislative initiatives for the 2005 Session, would add physician assistants to this section. If approved and passed, PAs could be authorized by their supervising physician to pronounce death on the patients they are attending. As of June 17, 2005, the bill has passed the Assembly and Senate and is currently enrolled and delivered to the Governor.

We are grateful to the Board in adding our request for the change in NRS. 440.415 to their legislative initiatives, as it is another step in improving continuity of care in end-of-life situations where patient and family have a relationship with their medical providers that continues through illness and death.

The Board maintains a high standard of licensing and practice, and as PAs we are privileged to have a relationship with a medical board that has such high vision of professional practice. Examples are licensing requirements, which include re-certification and continuing medical education credits.

The members of the PA Advisory Committee, Janet Wheble, PA-C, Dan Hickey, PA-C, and John Lanzillotta, PA-C, can be reached through the Nevada State Board of Medical Examiners at 775-688-2559, or toll free in Nevada at 888-890-8210.

## GENTLE REMINDER

Effective July 1, 2005, a \$100.00 fine may be imposed upon those who violate NRS 630.254. Nevada Law, NRS 630.254, requires all licensees to notify the State Board of Medical Examiners of the change of location of his or her office in Nevada BEFORE practicing at the new location. Licensees are also required to notify the Board of closure of his or her office, and keep the Board apprised of the location of the medical records of his or her patients for a period of 5 years thereafter. Failure to report a change in office location before commencing practice, and failure to notify the Board within 14 days of closure of a physician's office, are violations of the Nevada Medical Practice Act, and may be cause for discipline. A change of address form can be downloaded from the Nevada State Board of Medical Examiners website at [www.medboard.nv.gov](http://www.medboard.nv.gov).

**Just a reminder!**

# A Word from the Practitioner of Respiratory Care Advisory Committee of the Board

by Michael J. Garcia, RRT, Practitioner of Respiratory Care Advisor  
Steven E. Kessinger, CRT, Practitioner of Respiratory Care Advisor  
Donald W. Wright, RRT, Practitioner of Respiratory Care Advisor

Since the last newsletter, there have been changes in the Nevada Administrative Code (NAC) and proposed changes in the Nevada Revised Statutes (NRS) that affect respiratory care practitioners. The Board has approved a request from the respiratory advisory committee to change NAC 630.560, thereby adding two additional respiratory care practitioners to the committee. John Steinmetz, RRT, and Greg Roaldson, RRT, received Board approval at the June 3, 2005 meeting, and will join existing members of the respiratory advisory committee. This change was made in an effort to increase the availability of advisory committee members and provide input to the Board from practitioners in various geographical locations across our state.

Assembly Bill 555 has moved through the legislature and has met with the approval of both the Assembly and the Senate. If signed by the Governor, after the effective date of July 15, 2005, licensed respiratory care practitioners will no longer be required to obtain a Blood Gas Technician license from the Bureau of Licensing and Certification in order to perform procedures related to obtaining blood samples. A Blood Gas Technologist license will still be required to analyze and report blood samples.

Our committee receives many calls from practitioners. Most of these calls are questions related to our scope of practice. Members of the respiratory advisory committee are happy to answer questions relating to scope of practice. However, if the answer is not immediately clear to the committee, a formal request for opinion of the Board may be required. The original request and twelve (12) copies must be submitted in writing by a licensed practitioner, a minimum of ten (10) days prior to a regularly scheduled meeting of the Board. For your convenience, we have reprinted in this article the sections of the NRS that will usually determine the outcome of scope of practice questions.

**NRS 630.024 "Respiratory care" defined.** "Respiratory Care" means the treatment, management, diagnostic testing, control and care of persons with deficiencies and abnormalities associated with the cardiopulmonary system. The term includes inhalation and respiratory therapy.

**NRS 630.021 "Practice of respiratory care" defined.**

"Practice of respiratory care" includes:

1. Therapeutic and diagnostic use of medical gases, humidity and aerosols and the maintenance of associated apparatus;
2. The administration of drugs and medications to the cardiopulmonary system;
3. The provision of ventilatory assistance and control;
4. Postural drainage and percussion, breathing exercises and other respiratory rehabilitation procedures;
5. Cardiopulmonary resuscitation and maintenance of natural airways and the insertion and maintenance of artificial airways;
6. Carrying out the written orders of a physician, physician assistant, certified registered nurse anesthetist or an advance practitioner of nursing relating to respiratory care;
7. Techniques for testing to assist in diagnosis, monitoring, treatment, and research related to respiratory care, including the measurement of ventilatory volumes, pressures and flows, collection of blood specimens, testing of pulmonary functions and hemodynamic and other related physiological monitoring of the cardiopulmonary system; and
8. Training relating to the practice of respiratory care.

If, after reviewing this statutory information, you still have questions relating to the practice of respiratory care, please call the Nevada State Board of Medical Examiners and request the telephone number of a respiratory advisory committee member.

## CALENDAR OF BOARD MEETINGS FOR REMAINDER OF 2005

Meetings held at the Board office in Reno, videoconferenced to the Las Vegas office of the Nevada State Board of Dental Examiners, unless noted otherwise.

**September 9 and 10, 2005, Reno, Nevada**

**December 2 and 3, 2005, Las Vegas, Nevada, exact location TBA**

# A Word from the Nevada Health Professionals Assistance Foundation

by Peter A. Mansky, M.D., Director

The Nevada Health Professionals Assistance Foundation (NHPAF) was formed in the fall of 1996 to provide support to health care professionals in the state of Nevada. For the past several years the Foundation has served as the diversion program for the Nevada State Board of Medical Examiners. In doing this, the program provides physicians, physician assistants and respiratory therapists an alternative to discipline when they suffer from an illness which has the potential of leading to impairment in their practice of medicine or respiratory therapy. The program assists the clinician through evaluation and treatment and then provides advocacy based on illness, recovery from illness and the clinician's well being.

The NHPAF is saddened by the passing of Dr. Les Soper. Dr. Soper was 69 years old and had been a distinguished practitioner of anesthesiology in Las Vegas since 1968. Dr. Soper was a major force in establishing, developing and guiding the foundation in its efforts to protect the public by helping the physicians and other health care professionals in Nevada to obtain confidential treatment and to recover from illnesses which potentially affected their safe and effective practice of medicine. The Foundation mourns the loss of Dr. Soper, and his leadership is sorely missed within the organization.

At the present time there are 90 health care professionals in the state of Nevada being followed by the NHPAF. Of this total, 75 are being formally monitored and 15 are in various stages of involvement.

Clinicians suffering from a psychiatric illness, especially drug addiction and alcoholism, may be referred to the NHPAF by themselves (most often under pressure from others), their colleagues, regulatory agencies, hospitals, families, pharmacies, a physician who is treating them, hospitals and others. Initially, the illness is manifested as difficulties in marital, financial, social and legal areas. The last area affected by the illness is the practice setting.

The **Top Twelve Indicators of probable illness** are:

1. Change in Personality;
2. Increasingly irritable and moody at work or social events;
3. Difficulties or arguments (with nurses and other hospital personal progressing to colleagues and patients);
4. Absences from work or canceling office hours, especially on Monday or the day after a major holiday weekend;
5. Absences often attributed to other illnesses, as well as to financial or social crisis;
6. Rounds at unusual hours, late in the evening or very early in the morning;

7. Deficits in clinical record keeping;
8. Difficulties reaching the physician by page or phone;
9. Arrests for a drinking and driving offense or for unacceptable behavior;
10. Intoxicated at social functions including job-related functions;
11. As the illness continues into more severe stages, there is obvious impairment at the worksite, including the odor of alcohol on the clinician's breath, signs of intoxication and passing out after using intravenous medication on a bathroom break (seen in anesthesiologists addicted to high potency anesthetic agents);
12. Finally, withdrawal from social activities and isolation from colleagues and social support systems.

The clinician frequently explains that the financial, legal and family problems are causing all the difficulties when in reality the illness or the addiction is the origin of most of the difficulties. If you notice the above changes in clinicians, they may be suffering from an illness which can be treated so that they can continue or return to the safe and effective practice of medicine.

The NHPAF can be helpful when an intervention is needed. After physicians are identified or suspected to have an illness they may need an intervention, which may utilize confrontation or techniques of persuasion and motivation (with stages of precontemplation, contemplation, preparation, action and maintenance). Most interventions today use a combination of approaches personalized to the specific clinician, his or her work setting and his or her support system. A major point to remember is to **never confront the physician or other health care professional who you think may be suffering from an illness described above alone by yourself**. He or she will just tend to disqualify you and may avoid you in the future. Always approach with at least one other person and preferably under the guidance of the NHPAF.

Among other things, NHPAF works with hospitals, group practices and surgical centers in developing policies and using techniques in approaching physicians who are disruptive. Although disruptive behavior may take many forms, there are usually two categories of observed behavior. The first is inappropriate response to patient needs or staff requests, which includes late or unsuitable replies to pages or calls, unprofessional demeanor or conduct, lack of or refusal to be cooperative with others and approaching problems with rigid, inflexible responses to requests for assistance or cooperation. The second is the progression from the lack of regard for personal comfort and dignity of others to the use of inappropriate or offensive words or

*(Continued on page 7)*



actions directed toward another person, including sexual comments or innuendoes, sexual harassment, behavior which is seductive or aggressive, including verbal or physical assault, along with racial, ethnic or socioeconomic slurs.

When a clinician is referred to NHPAF, he or she is first sent for an independent medical evaluation since the behavior may be due to a variety of illnesses such as bipolar depression, major depression, alcohol or drug dependence, other addiction, a neurological illness or a metabolic disorder. One of the most tragic results of such an evaluation was a physician who was diagnosed to suffer from Huntington's Disease. Where there is no identifiable illness, NHPAF uses a wellness model to promote better coping by aiding clinicians in the development of effective

coping styles related to their work or practice. Mentoring and coaching by a fellow clinician is also helpful. Sometimes brief consoling identifies and addresses issues contributing to the behavior. NHPAF may refer clinicians to courses which review boundary issues and elements of professionalism inherent in their work environment. Clinicians who participate in the NHPAF may appreciate the positive changes they see in themselves as well as in their professional, social and family lives.

You may make a confidential referral to NHPAF or may want to ask questions about the program. If so call: Peter A. Mansky, MD, the Director of the NHPAF, at 702-521-1398.

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## Board Elects Officers and Appoints Committees

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At its June meeting, the Nevada State Board of Medical Examiners re-elected Stephen K. Montoya, M.D., a Las Vegas OB/GYN, to a second term as Board President. Elected as Vice President was Javaid Anwar, M.D., a Las Vegas Internist, and reelected as Secretary Treasurer was public member Donald H. Baepler, Ph.D., D. Sc., also of Las Vegas.

Also at its June meeting, the Board bade farewell to Joel N. Lubritz, M.D., after 8 years of dedicated service to the Board, the citizens of Nevada and the medical profession. All of the Board members and staff thanked Dr. Lubritz for his dedication, insight, hard work and professionalism in carrying out his duties as a Board member, which included serving as Chair of one of the Board's Investigative Committees, Chair of the Board's Internal Affairs Committee, and as Vice President of the Board. All wish Dr. Lubritz the very best in his future endeavors.

### Following are the Board Committee appointments for 2005:

#### Investigative Committee A:

Donald H. Baepler, Ph. D., D. Sc., Chair  
Charles N. Held, M.D.  
Cindy Lamerson, M.D.

#### Investigative Committee B:

Sohail U. Anjum, M.D., Chair  
Javaid Anwar, M.D.  
Marlene J. Kirch

#### License Application and Malpractice Review Committee:

Stephen K. Montoya, M.D., Chair  
Jean Stoess, M.A.  
Joel Lubritz, M.D.

#### Internal Affairs Committee:

Javaid Anwar, M.D., Chair  
Donald H. Baepler, Ph.D., D.Sc.  
Jean Stoess, M.A.

#### Public Relations Committee:

Jean Stoess, M.A., Chair  
Marlene J. Kirch  
Drennan A. Clark, J.D.

#### Executive Committee:

Stephen K. Montoya, M.D., Chair  
Javaid Anwar, M.D.  
Donald H. Baepler, Ph.D., D.Sc.

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## Board Executive, Board Counsel and Division Chiefs

Executive Secretary/Special Counsel  
General Counsel  
Chief of Administration  
Chief of Investigations  
Chief of Licensing

Drennan A. Clark, J.D.  
Bonnie S. Brand, J.D.  
Laurie L. Munson  
Douglas C. Cooper  
Lynnette L. Krotke

# How to Respond When You Are Notified of a Complaint Against You

On Behalf of the Board's Investigations Division, Medical Reviewers and Legal Staff

The Nevada State Board of Medical Examiners receives a significant number of complaints each month. Once it has been determined that the Board has jurisdiction over the matter, each complaint is appropriately investigated. As part of every investigation, a request for a response is made to the practitioner against whom the complaint is filed. If you receive such a letter from the Board's Investigative Division, then follow these simple guidelines. It will benefit all parties involved.

1. Your response should be timely. Normally, there is a specified number of days indicated in the Investigator's letter during which a response should be prepared and forwarded to the Board. If you have a conflict with the time allotted, all you have to do is call the Investigator and request an extension. In most cases, extensions are not a problem, provided there is reasonable cause.
2. The response should address the specifics raised in the complaint letter. The complaint letter is usually self-explanatory; however, if you have a question, call or write to the Investigator handling your case.
3. The response should be typed. Legibility is crucial, and illegibility will only lead to delay and require more time and effort on everyone's part.
4. The response should be focused and concise, but should adequately address the issued raised. *If the complaint raises the issue of patient care and the issue of practitioner behavior, both issues must be addressed.*
5. The response should be prepared and signed by the practitioner against whom the complaint is made. The response may be supplemented by other documentation and commentary, and the practitioner may, of course, seek outside advice and legal counsel.

Once the initial investigation is complete, the Board's Medical Reviewers examine the case. The Board's Medical

Reviewers are licensed Nevada physicians. If relevant, the Medical Reviewers may request outside peer reviews and/or additional investigation. Collateral information may be sought from other practitioners involved in the patient's care or having knowledge of the events or care described in the complaint. If you receive a letter from an Investigator informing you that you are not a respondent, but nevertheless a statement about your treatment of the patient and copies of a patient's medical records are needed, then you, also, should follow the guidelines listed above.

When the investigation is ready to go forward, it is presented to one of two Investigative Committees of the Board. The Investigative Committee is composed of three members of the Board, two of whom are licensed medical doctors and one of whom is a public member. In every case, the legal staff reviews the investigation before presentation to the Investigative Committee. The Investigative Committee thoroughly reviews and discusses each case. It considers the case for closure, for expanding the investigation, for having the practitioner appear before the Committee, or for other action agreed upon by the Committee, which may include filing a Formal Complaint against the practitioner for a violation of the Medical Practice Act, NRS 630.

All investigations conducted by the Board are confidential by statute. However, when a Formal Complaint is filed with the Board against a practitioner, the Formal Complaint becomes a public document.

So, if you receive a complaint letter from the Board, whether as a Respondent or as a practitioner otherwise involved, take the time and effort to do your homework carefully and provide as accurate and complete a response as possible. Every Board investigation is a serious matter, and your cooperation in following the response guidelines benefits every practitioner involved in one.

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## DID YOU KNOW??

### *Why do consumers file complaints against physicians?*

The most common complaint consumers have is not about fees or quality of care, but is related to the conduct of a physician – lack of attention or disinterest on the part of the physician (or even the staff), rudeness or failure to provide medical records when requested. When a beloved relative dies, apparent lack of sensitivity and communication issues often result in complaints. These are all areas where a physician's efforts to improve may result in fewer complaints being filed and less headaches for physicians.



# New Regulations

At its March 2005 quarterly meeting, the Nevada State Board of Medical Examiners adopted a new regulation relating to licensure here in the state of Nevada. The regulation, which will affect only new applicants for licensure in the state, makes an addition to the Nevada Administrative Code (NAC), specifically NAC 630.080. Paragraph 5 of the regulation now reads:

For the purposes of subparagraph (3) of paragraph (c) of subsection 2 of NRS 630.160, a person must pass Steps I, II and III of the United States Medical Licensing Examination within 7 years after the date on which the person first took any step of the United States Medical Licensing Examination and a person is limited to a combined maximum of 9 attempts to pass Steps I, II and III of the United States Medical Licensing Examination.

At its June 2005 quarterly meeting, the Nevada State Board of Medical Examiners adopted two new regulations.

The first, which will affect only new applicants for licensure in the state, makes an addition to NAC 630.050, by adding

a new Subsection 4. Subsection 4 of the regulation now reads:

If the application for licensure is denied by the Board, the Board may, at its discretion, deny the applicant the right to reapply for licensure for a period of from one to three years from the date of such denial.

The second makes a change to NAC 630.560, by increasing the membership of the Practitioner of Respiratory Care Advisory Committee from three to five members. Subsection 1 of the regulation now reads:

The Board will appoint five licensed practitioners of respiratory care to an advisory committee. These practitioners of respiratory care must have lived in and actively and continuously practiced in this State as practitioners of respiratory care for at least 3 years before their appointment.

Any questions about these new regulations should be directed to the Board's Licensing Division or Legal Division.

## 2004 ANNUAL REPORT

### Licensure Statistics – Medical Doctors

YEAR:	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
COUNTY																		
Carson City	66	74	72	73	79	90	88	95	98	104	110	109	115	127	125	137	141	141
Churchill	13	14	12	11	13	11	13	17	19	19	20	24	25	22	21	21	24	25
Clark	789	871	919	1021	1114	1199	1299	1418	1517	1701	1763	1907	2023	2153	2314	2321	2366	2578
Douglas	21	21	23	28	22	24	30	36	37	43	48	54	57	63	67	72	74	82
Elko	23	21	23	29	25	24	21	26	29	39	39	41	43	48	50	48	41	41
Esmeralda	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	1	1	1	1	0	0	0	2	2	1	1	2	1	2	1	1
Humboldt	5	6	5	5	6	6	5	5	5	7	7	8	9	8	7	6	7	6
Lander	3	3	3	1	2	2	2	2	2	2	2	3	2	2	3	3	3	3
Lincoln	2	2	2	3	2	1	2	2	2	3	3	3	4	2	3	3	1	2
Lyon	5	5	7	6	4	4	4	5	4	6	7	5	6	7	10	14	15	12
Mineral	5	5	3	3	3	3	5	6	6	7	6	6	5	5	5	6	4	6
Nye	8	8	9	9	7	6	6	9	8	11	10	13	15	18	18	21	22	23
Pershing	2	3	4	1	2	2	2	1	0	0	1	3	2	2	2	2	2	2
Storey	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Washoe	540	572	579	617	611	636	661	693	692	734	732	778	797	824	889	879	903	944
White Pine	4	5	4	3	4	5	6	7	5	8	10	10	10	10	9	11	11	12
Total Active Status in State	1487	1611	1666	1811	1895	2014	2144	2322	2424	2686	2760	2965	3113	3295	3523	3546	3616	3879
Total Active Status Out of State	168	277	212	357	287	463	459	639	516	787	676	882	800	963	824	991	956	1216
TOTAL ACTIVE STATUS	1654	1888	1878	2168	2182	2477	2603	2961	2840	3473	3436	3847	3913	4258	4347	4537	572	5095
Total Inactive and Retired Statuses	982	981	993	987	1031	1003	983	960	1068	1049	1174	1158	1099	1084	1033	1010	902	898
TOTAL LICENSED ALL STATUSES	2637	2869	2871	3155	3213	3480	3586	3921	4008	4522	4610	5005	5012	5342	5380	5547	5474	5993

(Continued on page 10)

## Licensure/Population Statistics - Medical Doctors

<b>YEAR*</b>	<b>ACTIVE IN-STATE</b>	<b>NEW LICENSES</b>	<b>STATE POPULATION</b>	<b>RATIO OF ACTIVE IN-STATE M.D.s PER 100,000 POPULATION</b>
1980	1,158	201	800,000	144
1981	1,196	285	851,150	140
1982	1,308	234	878,260	148
1983	1,367	199	905,660	151
1984	1,366	205	933,010	146
1985	1,442	192	969,370	148
1986	1,524	134	1,010,280	151
1987	1,487	142	1,057,030	141
1988	1,611	216	1,124,650	143
1989	1,666	199	1,197,260	139
1990	1,811	202	1,283,490	141
1991	1,895	233	1,300,000	146
1992	2,014	241	1,348,400	149
1993	2,144	308	1,389,000	154
1994	2,322	333	1,493,000	155
1995	2,424	331	1,583,000	153
1996	2,686	427	1,638,000	158
1997	2,760	442	1,741,000	159
1998	2,965	391	1,875,000	158
1999	3,113	377	2,034,000	153
2000	3,295	411	2,115,000	156
2001	3,523	383	2,133,000	165
2002	3,565	335	2,206,000	162
2003	3,617	422	2,296,566	157
2004	3,879	538	2,410,768	161

\* CALENDAR YEAR (JANUARY - DECEMBER)

**1980 - 2004:**  
**25 years**

Total new licenses issued	<b>7,381</b>
Average new licenses per year	<b>295</b>
Net gain in population	<b>1,610,768</b>
Net gain in M.D.s	<b>2,721</b>
Average net gain in M.D.s per year	<b>109</b>

## Licensure Statistics - Physician Assistants

Seventy-seven (77) physician assistants were licensed for the first time by the BME during 2004. At the close of 2004, there were 302 physician assistants holding licensure and practicing in Nevada. The chart below reflects a breakdown of the number of licensed physician assistants practicing in Nevada, by county, from 1992 through 2004.

<b>COUNTY</b>	<b>YEAR</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Carson City		5	5	5	3	3	2	5	7	9	11	11	9	9
Churchill		0	0	0	0	0	0	0	2	2	3	3	5	6
Clark		40	44	58	72	72	77	94	118	116	129	153	173	215
Douglas		0	0	0	0	0	0	1	1	2	4	4	6	4
Elko		1	2	4	4	4	7	9	6	6	6	7	3	3
Esmeralda		0	0	0	0	0	0	0	0	0	0	0	0	0
Eureka		0	0	0	0	1	1	1	1	1	0	1	1	1
Humboldt		0	0	0	0	0	0	0	0	0	1	1	1	1
Lander		0	0	0	0	0	0	0	0	0	0	0	0	1
Lincoln		1	2	1	1	1	0	0	0	0	0	0	0	1
Lyon		0	0	0	0	1	2	2	4	4	2	1	1	4
Mineral		1	2	2	2	2	1	1	1	1	2	2	2	1
Nye		4	4	3	3	3	3	3	6	8	6	8	5	7
Pershing		0	1	1	1	1	1	1	1	0	0	0	0	0
Storey		0	0	0	0	0	0	0	0	0	0	0	0	0
Washoe		3	4	7	10	10	18	23	26	25	28	30	41	48
White Pine		1	1	1	2	2	1	1	1	2	2	2	1	1
<b>TOTAL</b>		<b>56</b>	<b>65</b>	<b>82</b>	<b>98</b>	<b>100</b>	<b>113</b>	<b>141</b>	<b>174</b>	<b>176</b>	<b>194</b>	<b>223</b>	<b>248</b>	<b>302</b>

(Continued on page 11)

## Licensure Statistics - Practitioners Of Respiratory Care

One hundred thirty-seven (137) practitioners of respiratory care were licensed for the first time by the BME during 2004. At the close of 2004 there were 803 practitioners of respiratory care holding licensure and practicing in Nevada. The chart below reflects a breakdown of the number of licensed practitioners of respiratory care practicing in Nevada, by county, from 2001 through 2004.

<u>YEAR</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
<b>COUNTY</b>				
Carson City	11	14	10	11
Churchill	5	4	8	9
Clark	399	449	491	557
Douglas	12	19	13	13
Elko	6	6	5	5
Esmeralda	0	0	0	0
Eureka	0	0	0	0
Humboldt	4	10	5	6
Lander	2	2	2	2
Lincoln	2	2	2	2
Lyon	10	16	18	19
Mineral	2	2	2	2
Nye	7	15	7	10
Pershing	0	0	0	0
Storey	1	1	1	1
Washoe	122	154	152	163
White Pine	2	1	3	3
<b>TOTAL</b>	<b>587*</b>	<b>748*</b>	<b>719</b>	<b>803</b>

\*The totals for 2001 and 2002 included practitioners of respiratory care who were licensed in Nevada, but not practicing in Nevada.

## Prejudicial and Non-Prejudicial Disciplinary Actions Taken Against Medical Doctors as Reported to the Federation of State Medical Boards

<u>YEAR</u>	<u>REVOCATION</u>	<u>PROBATION</u>	<u>SUSPENSION</u>	<u>MISCELLANEOUS*</u>	<u>TOTAL</u>
2004			2	6	8
2003	4	13			17
2002	8	1		11	20
2001	12	4		4	20
2000	12	1		3	16
1999	10	1		4	15
1998	8	5		3	16
1997	8	2		6	16
1996	9	7		4	20
1995	1	1	2	21	25
1994	2	4		8	14
1993	1	3	1	10	15
1992	3	1		9	13
1991	3			10	13
1990	1	2		11	14
1989	2	1	1	8	12
1988	6	4	2	5	17
1987	2	4	3	3	12
1986	2	1	1	3	7
1985	11	3	3	11	28

\* MISCELLANEOUS actions include: License Restriction, Public Reprimand, Licensure Denied, CME Ordered, Drug or Alcohol Treatment Program Ordered, Competency Exams (Medical, Physical, Mental) Ordered

# Disciplinary Actions Taken by the Board of Medical Examiners

## **DEVIA, Alvaro H., M.D. (8635)**

**Reno, NV**

**Charges:** A complaint was filed against Dr. Devia alleging one count of failure to use reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient in a 1999 occurrence, a violation of NRS 630.301(4).

**Disposition:** On June 3, 2005, the Board found Dr. Devia guilty of the one count of the complaint filed against him and ordered that Dr. Devia be fined \$5,000, payable within 6 months of the Board's order, successfully complete 20 hours of continuing medical education in chest trauma, in addition to continuing medical education hours required for licensure, within 1 year of the Board's order, and pay all administrative fees and costs incurred in the case against him, within 6 months of the Board's order.

## **EVANS, David Glenn, M.D. (LL1471)**

**Saint George, UT/Las Vegas, NV**

**Charges:** A complaint was filed against Dr. Evans alleging he engaged in conduct that brings the medical profession into disrepute, a violation of NRS 630.301(9), based upon his arrest by the Las Vegas Metropolitan Police Department and criminal charges against him for sexual assault on a victim under 14, lewdness with a minor, use of a minor in production of pornography, and open and gross lewdness.

**Disposition:** On December 28, 2004, the Board found that the continued medical practice by Dr. Evans during the pendency of time necessary for a hearing on the complaint would unjustly and unduly endanger the health, safety and welfare of his patients and the public, and summarily suspended Dr. Evans' medical license in Nevada.

## **FANI-SALEK, Mohammad, M.D. (10888)**

**Las Vegas, NV**

**Charges:** A complaint was filed against Dr. Fani-Salek alleging he violated NRS 630.304(1) for obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.

**Disposition:** On April 22, 2005, the Board found that the continued practice of medicine by Dr. Fani-Salek during the pendency of time necessary for a hearing on the complaint would endanger the health, safety and welfare of his patients, and summarily suspended Dr. Fani-Salek's medical license in Nevada.

## **FORREST, Scott R., C.R.T. (RC0991)**

**Washington, PA**

**Charges:** A complaint was filed against Mr. Forrest alleging two counts of obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement, violations of NRS 630.304(1), and one count of inability to practice respiratory care with reasonable skill and safety because of the use of drugs or chemical substances, a violation of NRS 630.306(1).

**Disposition:** On March 4, 2005, the Board found Mr. Forrest guilty of the three counts of the complaint against him and revoked Mr. Forrest's license to practice respiratory care in Nevada.

## **GREISS, Tarek R., M.D. (10188)**

**Reno, NV**

**Charges:** A complaint was filed against Dr. Greiss alleging a violation of NRS 630.306(1) for being unable to practice medicine with reasonable skill and safety because of illness, a mental or physical condition, or the use of alcohol, drugs, narcotics or any other substance, a violation of NRS 630.306(10), for being habitually dependent on controlled substances and/or alcohol, and a violation of NRS 630.3065 for willfully failing to comply with the Board's condition of licensure, to-wit: that he participate in the diversion program.

**Disposition:** On March 24, 2005, the Board found that the continued practice of medicine by Dr. Greiss during the pendency of time necessary for a hearing on the complaint would endanger the health, safety and welfare of the public, and summarily suspended Dr. Greiss' medical license in Nevada.

## **KHILNANI, Suresh M., M.D. (6268)**

**North Las Vegas, NV**

**Charges:** A complaint was filed against Dr. Khilnani alleging failure to personally monitor the cuff pressure of an endotracheal tube during prolonged intubation or insure that hospital staff monitored the cuff pressure, and failure to order appropriate diagnostics to determine the cause of respiratory failure believed caused by tracheal stenosis, that lead to a patient's death.

**Disposition:** On March 4, 2005, the Board accepted and approved the Stipulation for Settlement of its complaint against Dr. Khilnani. Dr. Khilnani admitted to violating NRS 630.3062, by failing to maintain accurate and complete medical records relating to the diagnosis, treatment and care of a patient, and was ordered to complete 10 hours continuing medical education on the issue of documentation of medical records, in addition to any continuing medical education required as a condition of licensure, and to pay \$2,500 for costs and expenses incurred in the case against him.

*(Continued on page 13)*

**MANZUR, Juan E., M.D. (5699)**

**Las Vegas, NV**

**Charges:** A complaint was filed against Dr. Manzur alleging one count of engaging in conduct that brings the medical profession into disrepute, a violation of NRS 630.301(9), based upon his being found guilty in Clark County District Court of first-degree kidnapping, battery with use of a deadly weapon with substantial bodily harm, battery with substantial bodily harm, assault with a deadly weapon, discharging a firearm at or into a structure, coercion, and felony child abuse, and one count of inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance, a violation of NRS 630.306(1).

**Disposition:** On June 3, 2005, the Board found Dr. Manzur guilty of the two counts of the complaint against him, revoked Dr. Manzur's license to practice medicine in Nevada, and ordered that Dr. Manzur pay all administrative fees and costs incurred in the case against him.

**MICIANO, Armando S., M.D. (8370)**

**Las Vegas, NV**

**Charges:** A complaint was filed against Dr. Miciano alleging two counts of a violation of NRS 630.301(4), for failing to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care and treatment to patients, which constitutes malpractice under that statute.

**Disposition:** On March 24, 2005, the Board found that the continued practice of medicine by Dr. Miciano during the pendency of time necessary for a hearing on the complaint would endanger the health, safety and welfare of his patients and the public, and summarily suspended Dr. Miciano's medical license in Nevada.

**SCHMERLER, Elliott D., M.D. (5247)**

**Scottsdale, AZ**

**Charges:** A complaint was filed against Dr. Schmerler alleging substandard medical care rendered to a patient and failure to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to a patient, a violation of NRS 630.301(4).

**Disposition:** On June 3, 2005, the Board accepted and approved the Stipulation for Settlement of its complaint against Dr. Schmerler. The Board ordered that Dr. Schmerler be found guilty of one count of malpractice for failing to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in providing care or treatment to patient, a violation of NRS 630.301(4), and ordered that Dr. Schmerler receive a public written reprimand and that Dr. Schmerler pay all administrative fees and costs incurred in the case against him.

**WAGNER, Richard L., M.D. (5061)**

**Coupeville, WA**

**Charges:** A complaint was filed against Dr. Wagner alleging performance of an incision biopsy on a patient that was not indicated and was medically unnecessary, and thus Dr. Wagner failed to use the reasonable care, skill or knowledge ordinarily used by a physician under similar circumstances. Dr. Wagner failed to inform patient of the risks and complications associated with the incision biopsy procedure performed and failed to get informed consent from patient.

**Disposition:** On September 10, 2004, the Board accepted and approved the Stipulation for Settlement of its complaint against Dr. Wagner. The Board found that Dr. Wagner violated NRS 630.3062, for failing to maintain accurate and complete medical records relating to the diagnosis, treatment and care of a patient. The Board ordered that Dr. Wagner receive a public written reprimand that Dr. Wagner pay all costs incurred in the case against him, in the sum of \$1,089.75.

## License Applications Denied by the Board

### **CONIGLIO, Gerald A., M.D.**

#### **Mount Morris, NY**

The Board denied Dr. Coniglio's application for medical licensure in the state of Nevada, based upon the excessive number of malpractice claims against him which have been settled on his behalf, some in large amounts, and his continued pattern of receiving adverse reports from nearly every facility in which he has practiced, many concerning interpersonal relationships and others concerning standard-of-care issues in the communities where he has practiced.

### **MERICLE, Dale Thomas, M.D.**

#### **Reno, NV**

The Board denied Dr. Mericle's application for medical licensure in the state of Nevada, pursuant to NRS 630.304(1), based upon his false, misleading and/or inaccurate statements on his two applications for licensure submitted to the Board.

### **MYERS, Ronald A., M.D.**

#### **Seattle, WA**

The Board denied Dr. Myers' application for medical licensure in the state of Nevada, pursuant to NRS 630.301(3), based upon the history of disciplinary action and restrictions upon his medical licenses in other states, particularly in Florida; based upon his history of, and continued, disruptive behavior, in violation of NRS 630.301(6); based upon his false, misleading and inaccurate statements on his application for licensure, in violation of NRS 630.304(1); and based upon his history of substance abuse, in violation of NRS 630.306(10).

### **PANDIT, Ashok N., M.D.**

#### **Graceville, FL**

The Board denied Dr. Pandit's application for medical licensure in the state of Nevada, pursuant to NRS 630.304(1), based upon his false, misleading and/or inaccurate statements on his application for licensure.

### **SCHMERLER, Elliott D., M.D.**

#### **Scottsdale, AZ**

The Board denied Dr. Schmerler's application for medical licensure in the state of Nevada, pursuant to NRS 630.301(9), based upon the fact that he is still on probation for a felony, which brings disrepute upon the medical profession; pursuant to NRS 630.301(4), based upon the numerous past and pending malpractice claims against him; and based upon his failure to pay a Board-ordered fine levied against him, in violation of NRS 630.3065(2)(a).

### **WICK, Jeffrey S., M.D.**

#### **Tucson, AZ**

The Board denied Dr. Wick's application for medical licensure in the state of Nevada, pursuant to NRS 630.304(1), based upon his false, misleading and/or inaccurate statements on his 2003 application for licensure, and because his current application, and the explanations contained therein, were not completed in an adequate manner.

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## **PUBLIC REPRIMAND ORDERED BY THE BOARD**

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**RICHARD L. WAGNER, M.D.**

\$1,089.75, which the Board received from you in October of 2004.

Dear Dr. Wagner:

On September 10, 2004, the Nevada State Board of Medical Examiners approved the stipulation for settlement entered into between you and the Investigative Committee.

As a result of the stipulated settlement, and the approval thereof by the Board, the Board found you guilty of a violation of NRS 630.3062 for failure to maintain accurate and complete medical records and entered its Order as follows:

1. That you be issued a public reprimand.
2. That you pay the sum of all Board costs of bringing this Complaint in the amount of

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for conduct which has brought personal and professional discredit upon you, and which reflects unfavorably on the medical profession as a whole.

*Stephen K. Montoya, M.D., President*



**NEVADA STATE BOARD OF MEDICAL EXAMINERS**

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